

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 13, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT Code 99456-L1-WP for date of service June 19, 2003.

II. RATIONALE

CPT code 99456-L1-WP was reimbursed per a negotiated contract with Health net Plus. The EOB explanation code is listed as "C". The requestor states in the rationale column of the table of disputed services that ... "We are not in the network that they say we are in. There is no PPO discount for this fee..." Per Rule 413.016 the requestor has not submitted convincing evidence that they are not in a PPO network; the respondent submitted a letter from ___ stating that the effective date of the provider participation was 10/01/00 and the expiration date is 06/30/03. Therefore, additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to additional reimbursement for CPT code 99456-L1-WP.

The above Findings and Decision is hereby issued this 12th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf